

# 2021 Corinth Fall Recreation Soccer

**\*\*\*For recreation news updates become a member of Corinth (Maine) Recreation on Facebook\*\*\***

## Sign Up / Permission Slip (Grades K-5<sup>th</sup>)

**Deadline - Friday August 13th, 2021**

\_\_\_ Instructional (Kindergarten, 1<sup>st</sup> grade or 2<sup>nd</sup> grade first time playing)

\_\_\_ League Play (2<sup>nd</sup> through 5<sup>th</sup> grades – please no requests) (Shin guards & mouth guards required)

Yes, I would like to volunteer by doing the following (we always need coaches please consider helping):

\_\_\_ Coaching -            Instructional    League Play (circle one)

\_\_\_ Asst. Coaching -    Instructional    League Play (circle one)

Parent(s)/Legal Guardian Name: \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Child's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_, Corinth, Me 04427

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ (Fall of 2021)

Doctor's Name: \_\_\_\_\_ Dr.'s Telephone # \_\_\_\_\_

List any known allergies or medical conditions: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact (other than parent): Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Telephone # \_\_\_\_\_

I give my son/daughter \_\_\_\_\_ permission to play on a Corinth Fall Soccer Team. I understand that even with the proper safeguards, there is a potential for injury and I will not hold the Town of Corinth or coaches liable. In the event of a medical emergency, if a parent or legal guardian is not present, I give the Town of Corinth and its representative permission to administer first aid and/or call an ambulance for treatment and transport to the hospital. I understand that efforts will be made to contact me and/or the emergency contact person noted above if an ambulance is called. All transportation is the direct responsibility and liability of the parent or legal guardian. Under no circumstances will the Town of Corinth, coaches or volunteers be held liable for authorizing the 'pick-up' and 'drop off' of children participating in the Corinth Recreational Soccer Program.

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

DROP OFF OR MAIL TO SOCCER PROGRAM, CORINTH TOWN OFFICE, PO BOX 309, CORINTH, ME 04427 FORMS CAN ALSO BE FAXED TO 285-7529 OR EMAILED TO: CorinthTO@gmail.com